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Aging and Disability Services

AREA PLAN ON AGING 2000 – 2003



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Administered by the City of Seattle: Human Services Department  
Co-Sponsored by the King County and United Way of King County

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## Introduction

Aging and Disability Services (ADS) is the assigned Area Agency on Aging (AAA) for the Seattle-King County region. The City of Seattle Human Services Department acts as the legal contracting authority. Under an interlocal agreement, the City of Seattle, King County and United Way serve as the sponsors and policy setting board of the agency.

Services funded through Aging and Disability Services target older persons and adults with disabilities. The Advisory Council on Aging and Disability Services is a 27 member citizens body ordered by the Older Americans Act of 1965. The Council has a vital role in guiding Aging and Disability Services as it oversees services for older people in King County. The programs provided through ADS are described in detail within the plan (see Section B-2 Services provided through the AAA).

The Area Plan on Aging, along with updates submitted every two years, will be used to guide the work of ADS from 2000 through 2003.

The Area Plan includes the following elements:

1. A description of the planning and priority setting processes.
2. A summary of demographic trends and services currently provided through the AAA.
3. A discussion of the statewide issue area of quality home care.
4. A review of four issue areas and objectives that emerged as priorities from the planning and review process.
5. An estimate of budget and service levels by service area.

Any comments or questions about the plan may be sent to:

**Aging and Disability Services  
618 Second Avenue, Suite 1020  
Seattle, Washington 98104-2232  
206/684-0660  
TTY: 206/684-0702**

"Twenty years from now,  
you will be more  
disappointed by the things  
you didn't do than by the  
ones you did. So throw off  
the bowlines, sail away  
from the safe harbor, and  
catch the trade winds in  
your sails. Explore.  
Dream."

*Mark Twain*

## Mission

The mission of Aging and Disability Services is ***to develop a community that promotes quality of life, independence and choice for older people and adults with disabilities in King County.***

We will accomplish this by:

- Working with others to create a complete and responsive system of services.
- Focusing attention on meeting the needs of older people and adults with disabilities.
- Planning, developing new programs, public education, legislative advocacy, and direct services that include the involvement of older adults and others representing the diversity of our community.
- Promoting a complete long term care system.
- Supporting intergenerational partnering, planning, and policy development.

## Values

In fulfilling our mission, we follow these values:

- Older people, adults with disabilities and their families have a right to be treated with respect and dignity and to make decisions affecting their lives.
- Diversity brings richness to our community and within our agency and supports a wealth of ways to capitalize on this strength.
- The support and nurturing provided by family, domestic partners, and friends are important, and we seek to strengthen this capacity.
- Community partnerships are central in bringing together funders, providers, consumers, and community members to develop solutions that address changes in housing, education, health, long term care and advocacy needs.
- The concerns of low-income older adults, persons with disabilities, and traditionally underserved groups are recognized, as well as the needs and potential of every member of our community.

- Efforts which encourage independence and enable individuals to remain in their community for as long as possible provide our main focus.
- It is important that older people, adults with disabilities, and those having cultural and language differences within our community have knowledge of and access to the services for which they are eligible.
- Accountability to the public trust means the programs we oversee are consumer guided, responsive and useful.
- Leadership is shared with our regional, state and federal partners and other city institutions as they develop ways to serve older people and adults with disabilities.

## Planning and Review Process

Through Advisory Council involvement (See Appendix C), public forums, provider questionnaires and other efforts, Aging and Disability Services staff gathered information and comments on the needs of older people and adults with disabilities. That information helped shape the development of the Area Plan. During 1999, ADS has been involved in the following activities:

- The annual Advisory Council retreat held in January 1999, set the stage for a series of public meetings which launched the Area Plan development process. From February to April, ADS conducted four **Focus on the Future Forums** featuring local experts who conducted "big picture" presentations on broad topics that will impact ADS and our participants over the next five to ten years. Forum topics included:





February 23	<i>Demographics and Diversity</i>
March 9	<i>Transportation, Communication &amp; Technology</i>
March 23	<i>Housing, Healthcare, Family Caregiving &amp; Workforce Issues</i>
April 13	<i>Politics, Economy &amp; Funding</i>
- Ken Cameron from Washington State Aging & Adult Services Administration, DSHS, conducted an information session on the **Future of Health Care in King County and Washington State** (April 15, 1999).
- ADS co-sponsored a **Regional Planners Forum** on aging issues along with Human Services Department representatives from the cities of Bellevue and Renton. Prior to the forum a survey was sent out asking for feedback on which regional needs should be addressed. Housing and transportation surfaced as the top two issues of concern and made up the primary focus of the day (April 21, 1999).
- Participation at the six public meetings noted above totaled **220 individuals** made up of older adults, providers, human service planners, program directors and coordinators, as well as Advisory Council members. As a result of these meetings, the following issue areas were developed and are further discussed in Section D (AAA Issue Areas): Health, Long Term Care, Housing, Home Care Quality Improvement, and Support of Family Caregivers.

- **Scenario planning** is a way of creating in an organization the ability to view multiple futures in an era of rapid change. ADS worked closely with Dr. Richard Smith, from Simon Fraser University in Vancouver, to develop ADS scenarios. The ADS scenarios were created during an intensive work session held in May. The forums and information sessions described above formed the basis for the planning session.
- **Snapshots of the ADS scenarios** - At a scenario-planning workshop, participants (including Advisory Council members) created four scenarios that highlight the possible futures for the work of ADS. The stories examine two driving forces: (1) technological change; and (2) shifts in our sense of social responsibility. It is hoped that planners and decision-makers will use these scenarios to guide action over a wide range of possible outcomes.

"Our wisest teachers are those who can draw on ancient wisdom and renew it with new meaning."

*Andrew Waskow*

The four scenarios, set in the year 2020, represent extremes in each of the driving forces. The first scenario, which is nicknamed "Bees"\*, depicts a world of high social responsibility and high technology. The second scenario, "Fireflies", is characterized by high technology but low social responsibility. The "Orcas", the third scenario, is a place with high social responsibility but low levels of technology. The last scenario, "Bears", has low social responsibility and low levels of technology use.

<p><b>Bees</b></p>  <p>High social responsibility High technology</p>	<p><b>Fireflies</b></p>  <p>Low social responsibility High technology</p>
<p><b>Orcas</b></p>  <p>High social responsibility Low technology</p>	<p><b>Bears</b></p>  <p>Low social responsibility Low technology</p>

\*Because the planning session was held at the Woodland Park Zoo, animal names symbolic of each scenario's characteristics were chosen.

### ***“Bees” Scenario***

In this scenario advanced technology is widely used to complement and support a community with a strong sense of social responsibility. For this reason technological solutions are not always the first chosen and when used are not accentuated. The role of older people is celebrated. Their contributions to society as a whole are numerous and notable in this highly diverse community. ADS, now known as the Family and Community Care Network, leverages its work with links to volunteer, faith and ethnic groups through the use of advanced information and communication technologies.

These systems ensure that the paperwork associated with the programs is a background activity and human interaction is at the forefront. As an example of this, technology has been applied to the design and delivery of meal services that are ethnically appropriate. Client interaction is always in the language of the clients' choice.

### ***“Fireflies” Scenario***

Technological solutions to “the aging problem” are the norm in this scenario. A low sense of social responsibility has resulted in a polarized, have and have-not society with very few older people visible anywhere. Those who can afford it have turned to regenerative and reconstructive techniques to reverse the aging process. The remainder of the older population is largely invisible, housed in automated facilities that optimize life span to match financial resources. Euthanasia is widely promoted for those unable to afford these solutions.

ADS, now known as ADS-Online, is a private corporation with two main lines of business. The first is an information brokerage, providing multimedia access to “star” doctors and their understudies, expert system-based synthetic practitioners. The other line of business is remote monitoring and performance evaluation of elder holding facilities.



### ***“Orcas” Scenario***

In this scenario, technology is rarely seen as a part of the aging process. The high level of social responsibility has found its expression in urban village living and a community-focused food production and distribution system. Older people are active members of a workforce that shares responsibilities for a lifestyle that is demanding physically but rewarding socially. Intervention in the aging process is rare and older people tend to pass up scarce medical resources preferring that the younger members of the community be given the assistance. This means that death rates for some diseases have risen but overall rates are stable, as stress-related diseases are very low. ADS is most active at the local level, as are all social services, and is broadly supported by both financial and volunteer resources.

### ***“Bears” Scenario***

In this scenario, human beings have rejected many of the technological advances of the late 20<sup>th</sup> century. Unfortunately, they have also abandoned many of the social programs and even volunteer initiatives we took for granted in 1999. This has resulted in premature deaths from disease, particularly as new strains of disease, such as “Hepatitis Z”, find little resistance in a weakened and isolated elder population.

The disparities between rich and poor have continued to grow. Those who can afford to, live a “plantation” lifestyle, isolated from their neighbors and making use of large numbers of manual laborers. Except for the rich, people work longer and harder and when they are no longer able to work they have little to fall back on except immediate family. Aging and Disability Services was dissolved in 2010 in a tax cut initiative.

To learn more about the ADS Scenarios visit our website at [www.ci.seattle.wa.us/hsd/1001/default.htm](http://www.ci.seattle.wa.us/hsd/1001/default.htm).

- **Three public hearings** were held for the Area Plan on Aging 2000-2003. The first hearing was held in Renton, the second in Seattle, and the third hearing was held in East King County. In addition the Area Plan was reviewed by the Advisory Council on August 13, 1999 and by the ADS Sponsors on August 18, 1999.

August 30, 1999

Good Neighbor Center  
305 South 43rd  
Renton, Washington

<u>September 1, 1999</u>	Central Area Senior Center 500 – 30th Avenue South Seattle, Washington
<u>September 2, 1999</u>	Community Center at Crossroads 16000 NE 10th St. Bellevue, Washington

Overall, 50 individuals were present at the hearings, and approximately 30% were 60 years of age and older. Other participants included ADS Sponsors, Advisory Council members, community members, and service providers and representatives from the following organizations:

Catholic Community Services	KC Dept. of Community and Human Services
Citizens for the Improvement of Nursing Homes	Mayor's Council on African American Elders
City of Bellevue	Mt. Si Senior Center
Club 24	Neighborhood House
Columbia Legal Services	Puget Sound Council of Senior Citizens
Des Moines Senior Center	Sea Mar
Elderhealth Northwest	Seattle Pacific University
Enumclaw Senior Center	Senior Rights Assistance
Fremont Public Association	Senior Services of Seattle/King County
Gray Panthers	Southeast Seattle Senior Center
Home and Community Services (DSHS)	Sno Valley Senior Center
Long Term Care Ombudsman Program	United Way of King County

Early drafts of the plan were also sent to providers and a draft plan was available on the ADS website <http://www.ci.seattle.wa.us/hsd/1001/default.htm>. A summary of the comments received and changes made are summarized in Appendix G to the plan.

## How ADS Makes Funding Choices

As the Area Agency on Aging for King County, Aging and Disability Services administers federal, state and local funds for services for older people and adults with disabilities. The 2000 budget totals approximately \$30 million. Most of this funding (\$23 million) is “non-discretionary” and earmarked for specific services, such as Medicaid Title XIX case management and home care, United States Department of Agriculture meals, and respite care.

The budget also includes \$7 million of discretionary funds from the Federal Older Americans Act, the State Senior Citizens Services Act, and local funds from the Seattle Community Development Block Grant and the Human Services Program. “Discretionary” funding is more flexible in nature and can be directed to meet priority needs in King County.

Strategies to increase or decrease funding are recommended by the Advisory Council’s Planning and Allocations (P&A) committee. The committee consists of seven members, each representing one of the ADS sponsoring organizations (City of Seattle, King County, and United Way). Following guidelines and funding priorities established by ADS Sponsors (See Appendix H), as well as the planning and review process described in Section A-3, the committee developed recommendations for a two-year allocations and contracting period (1999-2000). Funding for the second year was reviewed at mid-cycle with guidance from the sponsors to preserve the 2000 allocations.

The Planning and Allocations Committee based its recommendations on revenue projections, client profile reports, scenario planning, service area reviews, and public comment. For a detailed listing of the proposed discretionary allocations for 1999-2000, refer to pages 45 to 53.

In the event of a funding increase or decrease the P&A committee would reconvene to develop new strategies.

“If we are to achieve a richer culture, rich in contrasting values, we must recognize the whole gamut of human potentialities, and so weave a less arbitrary social fabric, one in which each diverse human gift will find a fitting place.”

*Margaret Mead*

## **Demographics at Work in King County**

### ***“Demography Is Not Destiny”***

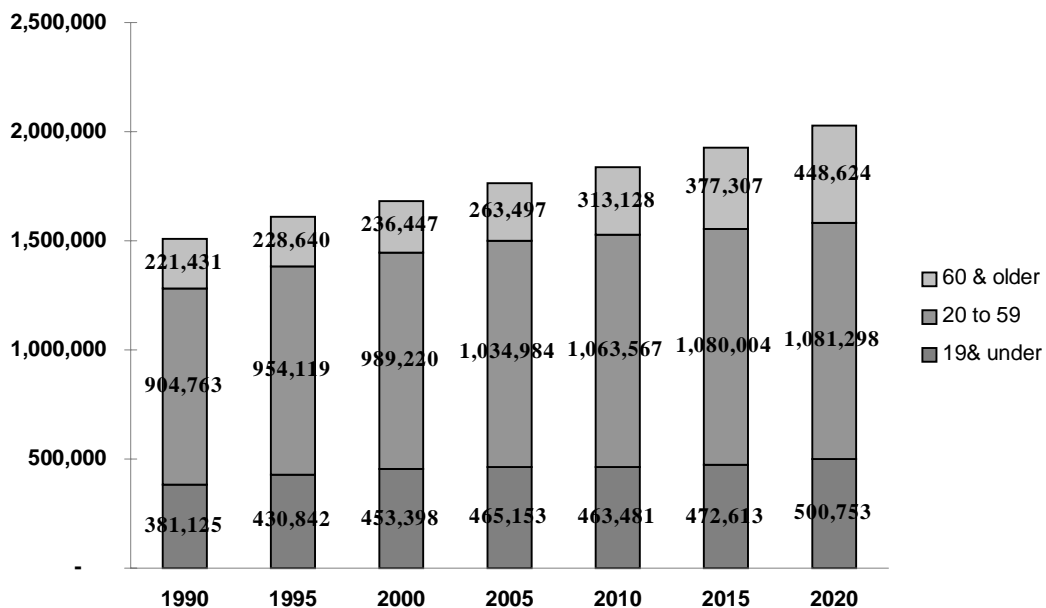
The population in the United States is aging. Since 1900 the number of people 65 and older has doubled three times. During the period from 1960 the number of older adults has increased at twice the rate of the population as a whole. While the population has been aging for some time, since 1960 the nation's overall standard of living has improved (Gross Domestic Product increased 220 percent). The National Academy on an Aging Society cautions:

It is easier to make statements about the future based only on demographic predictions than on all the interactions among people, communities, and institutions. But demography is not destiny. Other factors that also alter the course of the future include economic growth, changes in people's expectations and behavior, and changes in public policies.<sup>1</sup>

### ***The Population Is Aging***

The number of people 60 and older living in King County is projected to grow from 221,431 to 313,128 between 1990 and 2010 (an increase of 41%). The proportion of the total population who will be 60 and older will remain relatively steady (15-17%) through 2010 (Figure 1). If the projections for 2020 hold true, people 60 and older will represent 22% of the King County population.

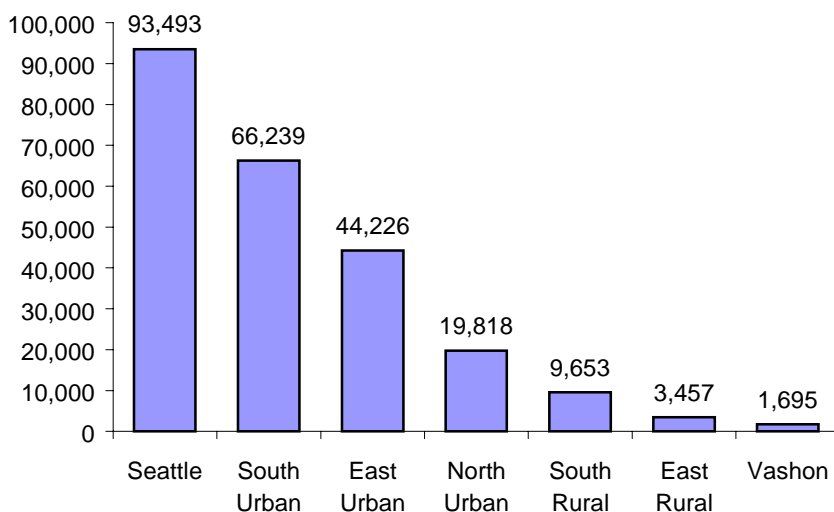
**Figure 1. King County Population Projections**



Source: Washington State County Population Projections, Office of Financial Management, 1995

Figure 2 shows the breakdown of the 60+ population by King County subregion with most people living in the Seattle, South Urban and East Urban subregions.

**Figure 2. 60+ Population by King County Subregions**



Source: 1990-2002 Department of Social and Health Services, Washington State Adjusted Population Estimates, April 1999

The increase in life expectancy is one of the major factors contributing to the increase in numbers of older adults in the overall population. Since 1940, the life expectancy at age 65 has increased 3.6 years for men and 5.8 years for women. For King County in 1995, the average life expectancy at age 65 was 83.3 years overall, ranging from 86.7 years for Asians to 81.8 for African Americans.<sup>2</sup> This increase in life expectancy poses challenges for developing programs in community settings that include participants ranging in age from 55 to over 100, a span of three generations (Table 1).

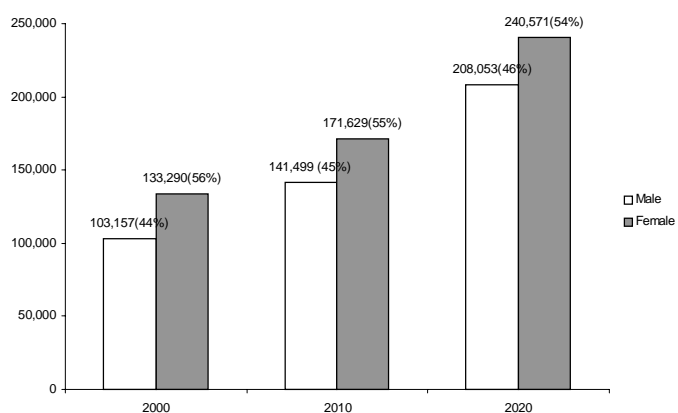
**Table 1.** U.S. Proportion of Population Age 65 by Ethnicity

Race	Age
Asian & Pacific Islanders	86.7
White	83.3
Native American	82.8
African American	81.8

**Source:** *Living Longer Staying Healthy: The Health Status of Older Adults in King County*, Public Health: Seattle-King County, January 1995

Over the next 20 years, the number of females 60 and older in King County will increase from 133,157 to 240,571. The number of males will increase from 103,157 to 208,053.

**Figure 3.** King County Population Projections: Male and Female 60 Years of Age and Older



**Source:** *Washington State County Population Projections by Age and Sex*: Office of Financial Management, 1995

### **Diversity Grows As Population Ages**

Gaps in life expectancy have remained fairly constant across racial groups in the U.S. in recent decades.<sup>3</sup> However, people of color will make up an increasing proportion of the older adult population due to the rapid increase of African-American, Asian, and Hispanic populations due to higher birth rates and higher immigration rates. The percentage of non-Hispanic whites that represented 85% of the older adult population in 1995 will decrease to 67% by 2050 (Table 2).

"The best age is the  
age you are."  
*Maggie Kuhn*

**Table 2.** U.S. Proportion of Population Age 65+ by Ethnicity in King County

	1995	2050
Asian & Pacific Islanders	2%	7%
Hispanic	5%	16%
African American	8%	10%
Native American	.4%	.6%
Non-Hispanic White	85%	67%

**Source:** Friedland, Robert B., Summer, Laura. National Academy on an Aging Society, *Demography Is Not Destiny*, January 1999.

King County represents 30% of the older adult population of Washington State yet 50% of all people of color who are 65 and older. Approximately 65% of the emerging Washington State refugee and immigrant populations live in King County. According to reports from the Seattle Public School District, 70 different languages are spoken in refugee and immigrant households. Among these groups 65% are from Southeast Asian countries, 22% are from the former Soviet Union, 13% are from East Africa, and 3% are from the Middle East. Over 75% of people with limited English speaking ability are Asian or Pacific Islander and 5% are Hispanic (Table 3).

**Table 3.** Limited English Speaking by Ethnicity in King County

	Age 60 & Over		Limited English	
African American	7,220	3.2%	38	0.7%
Asian & Pacific Islanders	12,568	5.6%	4,369	75.5%
Caucasian	201,120	90.4%	1,307	22.6%
Native American	1,171	0.5%	14	0.2%
Other	493	0.2%	100	1.7%
Total	222,572	100%	5,790	100%
Hispanic	3,493	1.5%	212	15.6%*

\*Represents age 65+ population.

**Source:** 1990 U.S. Census, STF1A.

### **Poverty Rates Have Declined For Older People, But Disparities Persist**

In 1960 over 35% of older adults in the U.S. were poor (defined as  $\leq 100\%$  of federal poverty standards; see Appendix F). Today the poverty rate has dropped to 10%, but close to 40% of older adults have incomes less than 200% of the poverty level making them vulnerable to increases in health care and housing costs.<sup>4</sup>

In King County, African American and Native American elderly have the highest poverty rates relative to their proportion of the population, followed by Asian and Pacific Islanders and Hispanics (Table 4).

**Table 4.** People with Incomes Below Poverty by Ethnicity in King County

	<b>Age 65 &amp; Over</b>		<b>65+ Poverty</b>	
African American	6,434	3.2%	1,020	9.7%
Asian & Pacific Islander	10,971	5.5%	1,404	13.3%
Caucasian	181,480	90.6%	8,948	84.8%
Native American	970	0.5%	167	1.6%
Other	413	0.2%	30	0.3%
Total	200,268	100%	10,549	100%
Hispanic	2,209	1.1%	261	2.5%

**Source:** 1990 U.S. Census, STF3A.

Table 5 shows the number of people in King County who are 60 years and older with incomes below poverty level.

**Table 5.** King County Age 60+ Below Poverty

Age 60-64	3,143	5.7%
Age 65-74	5,630	5.8%
Age 75+	<u>5,939</u>	9.8%
<b>Total 60+</b>	<b><u>14,712</u></b>	<b>6.9%</b>

**Source:** 1990 U.S. Census.

### **Older People Today Live Healthier Lives**

Data from the National Long-Term Care Surveys<sup>5</sup> show that disability rates for people 65 years and older declined by 1.3% each year between 1982 and 1994, a reduction of 1.2 million people. (Disability was defined as needing help with self-care activities.) A 1998 Rand study also found large declines in functional limitations (seeing, lifting and carrying, climbing, and walking) especially for those who were 80 years and older. In addition there were significant improvements in functioning for the 65 to 79 year old group.<sup>6</sup>



### **The Rate Of Growth In Disabling Conditions For Younger People Is Increasing Dramatically**

People with disabilities and chronic illnesses who require long term care consist of diverse populations. Although younger people with disabilities have many service needs in common with older adults, subgroups may have specific needs that differ from those of older adults. Between 1959 and 1984 there was a 158% growth in the number of people under 65 years of age who had severe disabilities, compared with the 38% growth rate overall in the number of people between the ages of 20 and 64<sup>7</sup>. Growth rates were even higher for people with disabilities 18 to 44 years of age.

This growth can be partially attributed to a decrease in death rates for conditions such as heart disease and hypertension. In addition, improvements in trauma care and emergency medicine have reduced death rates for people with spinal cord injury. In both cases the reduction in death rates increases the prevalence in the working age population.<sup>8</sup>

Self-care or mobility limitations is slowly increasing from 27,895 in 1994 to 28,478 in 1997 and projected to be 29,252 in 2002.<sup>9</sup> In King County it is projected that the number of disabled adults between the ages of 18 and 60 who have self-care or mobility limitations will increase from 11,259 in 1997 to 11,982 in 2002.<sup>10</sup>

## **Services Provided Through the AAA**

This section describes several key Aging and Disability Services policies, which support the mission of the agency and guide priorities and funding allocations.

### **ADS Targets Services**

Aging and Disability Services will target services to vulnerable elderly persons and to individuals with the greatest social and economic needs. To achieve this policy, service areas funded with the Division's discretionary resources will meet the following six targeting standards:

- At least 25% of all clients will be people of color.
- At least 70% of all clients will be low income.
- At least 50% of all clients will be 75 years and older.
- At least 9% of all clients will be limited-English speaking.
- At least 30% of all clients will be disabled.
- Rural areas will be weighted by multiplying the actual 60+ population by a factor of 2, for each King County subregion.

### **ADS Supports Development of Agencies Run by People of Color**

Aging and Disability Services supports the development of agencies run by people of color as the best and most appropriate providers of service to older persons of color.

To achieve this policy, ADS has developed a system of culturally appropriate services that include:

- Contracting with agencies run by people of color.
- Hiring of bilingual/bicultural staff.
- Targeting outreach to communities of color.
- Providing technical assistance and training.
- Developing informal networks and linkages with community leadership to increase participation of people of color.

Based on 1990 census data, 9.6% of the population over 60 years of age in King County are members of a community of color. It is estimated that in 1999 approximately 22% of the ADS expected discretionary revenue will be subcontracted to organizations owned by people of color. Of the 52 service providers currently under contract

with Aging and Disability Services, 35% are operated by people of color.

Special efforts will be made to ensure that program design, locations, and service delivery are responsive to the needs of special populations, including persons who are physically, mentally and developmentally disabled, have sensory impairments, or are sexual minorities.

## Service Area Descriptions

Aging and Disability Services funds the following eighteen services to older adults and adults with disabilities who live in King County. The number of clients served and the funds allocated in each of the service areas are listed on pages 45 through 53. Most of the services are provided by a network of community-based organizations located throughout King County who subcontract with ADS to provide services. In addition, ADS provides direct case management services to approximately 4,000 clients.

### Adult Day Services

Adult Day Services are provided to adults with disabilities in order to prevent or delay the need for institutional care. Participants attend centers during the day on a regular basis and receive care designed to meet their physical, mental, and emotional needs.

Services at **adult day health centers** include rehabilitative nursing, health monitoring, occupational therapy, personal care, social activities, activity therapy, and a noon meal.

Services at **adult day care programs** are usually less medically oriented, providing some health services as well as socialization activities and a noon meal.

### Alzheimer Program

This program is designed to facilitate the development of an infrastructure that will support a holistic model of care for Alzheimer's patients. It involves the collaboration between primary care physicians, dementia care specialists and social care programs. This project ends in June 2000.

"Everyone can be great because everyone can serve. All it takes is a heart full of grace and a soul that generates love."

*Martin Luther King, Jr.*

### Case Management

Case Management provides in-depth assistance to frail, multiple needs persons who have significant health and social needs. The case managers conduct in-home assessments and consult with the client in order to develop and implement a service plan that addresses the individual's needs.

Case managers have regular follow-up contact with clients and service providers to ensure that their situations have stabilized. Short-term counseling is provided if needed. The program also serves disabled adults under age 60 by authorizing respite care services. Screening and referral for case management services are provided through the Information & Assistance programs, and the state Home and Community Services.

### Client Specific Funding Program

Services are individually tailored to meet each client's specific needs so that they are able to stay in their own home. Such services are authorized by case managers and provided through ADS service providers as well as outside vendors.

### COPES/Chore Personal Care/Personal Care

COPES, Personal Care and Chore Personal Care support individuals who are unable to care for themselves. Services include assistance with dressing, bathing, eating, toileting, and transferring. Limited household services are also available to maintain individuals in a safe and healthy environment.

### Disability Access Services

Services provided include case management, interpretative services and advocacy for persons who are blind, deaf-blind, or hard of hearing. Other services include training to community agencies and advocacy related to facility and program access by persons with disabilities.

### Disease Prevention/Health Promotion

The Senior Wellness Project widens the access of older adults who face limitations in their activities of daily living to low-cost, high-quality and comprehensive health promotion programs located in community sites. These research-based programs include an exercise program offering one hour supervised classes, a seven

session course led by trained volunteers providing tools for living a healthier lifestyle with chronic conditions, and a health enhancement program which provides personal guidance and support to maintain and/or improve health.

#### Elder Abuse Prevention

Gatekeepers and other members of the community are trained to recognize signs that may indicate that a vulnerable adult is at risk of abuse, neglect or exploitation and how to report their concerns.

The residential Long Term Care Ombudsman Program is designed to improve the quality of life for residents of nursing homes, congregate care facilities, boarding homes and adult family homes. With the assistance of trained volunteers the Ombudsman investigates and resolves complaints made by or on behalf of residents, and identifies problems that affect a substantial number of residents. Changes in federal, state and local legislation are also recommended by the program.

#### Employment

Job placement assistance is provided to any King County resident over age 55. Part time community service employment opportunities are available for low-income people age 55 or older.

#### Home Health and Health Maintenance

Home Health and Health Maintenance services are medical services provided to individuals in their own homes on a visiting basis. Such services may include professional nursing services, physical therapy, occupational therapy, speech therapy, and/or home health aide services.

The individuals receiving services must be under the care of a physician and services provided must be specified in a plan established and periodically reviewed by a physician. Home health services funded by Aging and Disability Services are only for people who are not eligible for Medicare, Medicaid, or third party payor coverage.

#### Homesharing

The homesharing program helps older adults remain independent and living in their own homes while providing safe, affordable

housing choices for people of all ages. The program carefully matches older homeowners with tenants needing low-cost housing while providing companionship and security to both.

#### Information and Assistance

Primary Information and Assistance (I&A) connects older adults with the services and information they need. Information is provided over the telephone and in-person. Assistance in contacting services is also provided for clients who are unable to do so themselves.

I&A staff screen clients to determine their need for more extensive services, which are provided by the case management program.

Special Information and Assistance programs provide services to older persons who are not able to use the primary I&A program due to language, cultural, or racial barriers. The five Special I&A programs serve Asian/Pacific Islander, African-American and Hispanic elderly persons. Services are provided by bilingual staff via telephone, office and home visits.

#### Legal Services

Legal services provides group legal representation, including class action lawsuits, advocacy training and information to service providers, private attorneys and volunteer advocates, and individual client legal services. The purpose of Legal Services is to enable older people to secure rights, benefits and entitlements under federal, state and local laws. It also seeks to effect favorable changes in laws and regulations that affect older people. Additionally, Legal Services strives to maintain public and private resources that benefit low-income elderly people.

#### Mental Health

ADS funds support case management staff by providing mental health consultation and intensive case monitoring to clients who may be resistant to receiving services.

#### Nurse Consultation

The nursing services program focuses on high risk older people and disabled adults with medically unstable health conditions. Services provided include appropriate referrals and coordination with health care professionals. The frequency and amount of service is based on individual need that is defined by eligibility and client assessment.

### Nutrition

The Congregate nutrition program helps meet the dietary need of older people by providing nutritionally sound lunches served in a group setting and nutrition education. Nine agencies manage 59 nutrition sites located throughout King County. Twelve of the sites serve ethnic-specific food to African American, Hispanic, Native American or Asian community members.

The home delivered meals program, often known as "Meals on Wheels," provides nutritious meals to older people who are homebound and unable to prepare meals for themselves. Frozen meals are delivered to individuals throughout Seattle and King County. Hot, home delivered meals targeted to African American, Hispanic, Native American and Asian elderly people are available.

Nutrition outreach to increase the participation of Hispanic elders in nutrition programs is another subcontracted nutrition service. In addition, registered dietitian consultation is provided to the ethnic-specific nutrition programs to ensure compliance with dietary requirements.

### Outreach Advocacy

The African American Elders project identifies older people who do not come into contact with traditional referral sources. The purpose is to inform older people about available services and encourage their participation in aging programs.

Outreach Advocacy workers provide some direct services, such as completing forms and applications, and arranging transportation if an older person is unable to do so and has no other available means of assistance.

### Respite Care

Respite Care services focus on meeting the needs of caregivers by providing them time away from the responsibilities of ongoing care of a disabled adult. The care that is provided ranges from companionship and supervision to care provided by a registered nurse. Respite care is provided both in-home and in the community.

### Senior Centers

Aging and Disability Services administers funds that support a number of Senior Centers in the City of Seattle. Senior Centers are community resource centers that meet the physical and emotional needs of older adults by offering access to services and resources on site, including immunization, health screening, nutrition, exercise and fitness programs.

Peer support and counseling are among the services offered by many senior centers, as well as health education. Nutritious meals are served at low cost, and many opportunities are provided for socialization, recreation, leadership and volunteerism.

### Seniors in Service to Seattle

This volunteer program uniquely promotes volunteer and intergenerational relationships by finding opportunities for seniors age 55 or over in City departments, schools and community based programs.

### Technology Support

This includes a federal grant to develop 1) a computerized process to facilitate the home care referral of clients by case managers to home care agencies for identification of home care workers, and 2) an automated time tracking system for home care workers.

Funding is provided to subcontractors as part of their operating costs for upgrade and maintenance of their information systems, for purposes of client tracking and reporting, and fiscal management.

An automated tracking system using a barcode on an identification card will be used to track and report on clients' participation in nutrition and health .

### Transportation

Aging and Disability Services primary focus for transportation in King County is to provide access to nutrition services. ADS works in partnership with Metro/King County to provide transportation to nutrition sites. ADS also funds Volunteer Transportation, which provides rides to medical appointments on a priority basis.

### Utility Discount Program

Discounts in electric, water and solid waste bills are available to Seattle low income home owners or renters who are age 65 or older, or under 65 and disabled.



## Non-AAA Services

Don't consider the chart below as an all-inclusive listing of services in King County. Instead, consider it an indication of the types of organizations and services available by sub-region, for older people, disabled adults, and their families.

SERVICE	South King County	East King County	North King County	Seattle
Alzheimer's Support Groups	7	9	8	14
Case Management	4	4	5	6
Developmental Disabilities	2	2	2	2
Elder Abuse	3	3	3	4
Employment Services	1	1	2	2
Food Banks	3	2	5	8
Homeless Programs	2	2	3	9
Hospitals/Medical Centers, Clinics & Dental	7	5	7	17
Housing (includes King County and Seattle Housing Authorities)	2	1	4	4
Geriatric Mental Health Services, Alcohol/Substance Abuse Programs & Psychologists	3 2 Ph.Ds	1 20 Ph.Ds	2 30 Ph.Ds	5 42 Ph.Ds
Older Gay & Lesbian Programs				2
Other Services (includes support groups, community service centers/center, legal assistance, volunteer services)	4	5	8	12
Refugee/Immigrant Services	3	1	3	11
Senior Fitness & Social Programs	3	3	3	4
Senior Information & Assistance (non-AAA funded)	1	1	1	3
Services to Minorities	3	2	3	3
Disability/Issue Groups	2	2	8	34
Transportation	2	1	2	4

## Quality Home Care

A 1999 study of the quality of in-home care services conducted by the Washington State Joint Legislative Audit Review Committee concluded that current home care quality assurance practices are administrative in nature and not performance-based.<sup>11</sup> They also found that the Individual Provider (IP) program has limited oversight and IP clients are potentially more vulnerable than clients served by agency home care. In addition, the number of IP clients is increasing at a faster rate than the number of agency clients.

Home care issues unique to King County are as follows:

- a. The growing number of new home care agencies in King County has increased the oversight required by ADS. New agencies in particular create an extra monitory workload due to the effort required to assist agencies with startup activities, recording keeping, and training requirements. Currently, ADS provides ongoing monitoring and oversight, as well as annual assessments for 13 home care agency contracts and anticipates one to two more in 2000.
- b. Current Medicaid case management caseloads were too high (90:1) for quality service coordination.

ADS will enhance quality assurance measures both for the agency and IP clients.

**Home Care Quality Outcome: To improve the quality of home care.**

### *Objectives*

1. To advocate for increased worker wages and benefits in accordance with a livable wage standard.

### **Individual provider clients**

2. To increase case management monitoring of clients who are served by individual providers who are relatives and at risk of poor care or abuse (Dec 2000).
  - Advocate with state legislators for adequate case management resources to enable case managers to conduct more home visits for high risk clients.
  - Increase contact to twice a year for high risk clients.
3. To carry out a training program for younger disabled individuals on hiring and supervising individual service providers (Dec 2000).

### **Agency clients**

4. To increase monitoring of clients who are served by agencies.
  - Improve turnaround time from referral to placement of home care aides in clients home by implementing a home care referral system that will allow case managers to electronically refer clients to home care agencies and to track agency performance (Dec 2000).
  - Implement an electronic home care aide time tracking system that enables workers to use the telephone to check in and out when they are working at a client's home (Dec 2001).
  - Give case managers real-time access to time tracking system so that they can be immediately notified of any service gaps. (Dec 2001).
  - Incorporate performance-based measures in home care agency contracts (Jan 2000).

## Issue Areas and Objectives

The four priority issue areas that emerged from the ADS Area Plan 2000 – 2003 planning and review process are health, long term care, housing, and family caregiving. Each issue area contains background information, an overall issue area outcome and measurable objectives that support the outcome. The size of the change proposed in each of the objectives (5% vs. 10% vs. 20%) was determined by considering population growth in King County over the next four years, the feasibility of reaching the target given funding levels, and the AAA current service capacity in King County. During the first year of the plan, baseline data will be gathered so that improvements in the following years can be measured against the baseline.

### I. Health

#### ***Chronic Disease Increases With Age***

As the population ages, health care systems will be challenged to address the personal and system impact of chronic diseases, the primary cause of both functional limitation and death among people who are 65 years of age and older. A recent study by the Alliance for Aging Research reports that an additional \$26 billion per year is spent on medical and long term care for older Americans who lose the ability to live independently.<sup>12</sup> As the nation ages in unprecedented numbers, unrecognized and under-treated chronic diseases of aging will drive the cost of health care for the next 50 years (Table 6).

**Table 6.** King County 1996, Age 65 and Older

Leading Causes of Death		Leading Chronic Conditions	
Heart disease	2,681	Arthritis	90,318
Cancer	2,059	Hypertension	65,462
Stroke	855	Heart Disease	59,370
Chronic Obstructive Pulmonary Disease	470	Chronic Obstructive Pulmonary Disease	18,748
Pneumonia/influenza	433	Diabetes	18,051
Diabetes	229	Back/spine problems	15,871
Unintentional injury	143	Visual impairment	15,352
Alzheimer's Disease	129	Leg/foot problems	14,239
Arteriosclerosis	82	Stroke	10,760
Septicemia	56	Asthma	8,891

**Source:** *Living Longer Staying Healthy: The Health Status of Older Adults in King County, January 1995.*

### ***Behavioral and Physiological Risk Factors Are Associated With Chronic Disease***

Many risk factors for chronic disease are preventable, or their onset can be delayed through lifestyle changes, preventing injuries, and improvement in access to primary health care.<sup>13</sup> There is a high occurrence of high blood cholesterol, physical inactivity, and not eating 5 fruits and vegetables a day among adults 65 and older in King County (Table 7).

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**Table 7.** Chronic Disease Risk Factors among Older Adults 65+ in King County

<b><u>Risk Factors</u></b>	<b><u>Prevalence</u></b>
<i>Chronic Disease</i>	
Smoking	11%
Overweight	23%
Physical Inactivity	47%
High Blood Cholesterol	45%
Not eating 5 fruits and vegetables a day	68%

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**Source:** Health of Older Adults in King County, Public Health: Seattle-King County, June 1998.

Injuries, mental health problems, and infectious diseases also contribute significantly to hospitalizations, death, and disability among older people in King County (Table 8).

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**Table 8.** King County Adults 65+

<b><u>Risk Factors</u></b>	<b><u>Prevalence</u></b>
<i>Injuries</i>	
Falls	18%
Suicide (Highest among older males)	20%
<i>Mental Health</i>	
Depression	10%
Alzheimer's Disease	2-30%*
<i>Infectious Disease</i>	
Pneumonia/Influenza	93%

\*National Rates

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**Source:** *Living Longer Staying Healthy: The Health Status of Older Adults in King County*, January 1995.

Osteoporosis is also a major public health threat and one out of every two women, and one in eight men over 50 will have an osteoporosis-related fracture in their lifetime.<sup>14</sup>

### ***Health Disparities Persist Across Ethnic Groups***

Extremely high incidences of illness and death due to diabetes and heart disease for African Americans, Hispanics, American Indians, Alaska Natives, and Asian/Pacific Islanders who are 65 and older persist despite improvement in the overall health of people living in the U.S. In addition, disparities across ethnic and income groups in health risk factors such as smoking, obesity, sedentary lifestyle, and limitations of daily activity continue to widen.<sup>15</sup> The personal and system impact will increase as these same ethnic groups begin to represent an increasingly higher proportion of the older population in King County and the U.S.

Older people of color are more likely to be poor, malnourished, less educated and in poor health than white people who are older.<sup>16</sup> People who are poor and near poor are more likely than middle to high-income people to have difficulty with activities of daily living.<sup>17</sup> In addition, both Hispanic and African American older people under-use health care services because many are uninsured and unable to pay for health care services.

Nationwide, 44 percent of African American older people and 39 percent of older people of Hispanic origin have health insurance coverage compared to 75 percent of their white counterparts. This lack of health care coverage may result in death at an earlier age than if health care had been available<sup>18</sup>.

### ***Health Promotion Strategies Can Reduce Health Disparities***

The aging of the population increases the need to reduce the current rates of illness and disability due to chronic diseases and injuries. Aging and Disability Services will build on two approaches for the prevention of disease for older adults out of several approaches identified by the Department of Public Health: Seattle-King County: (1) modifying the risk factors for chronic disease and injuries, and (2) promoting immunizations against influenza and pneumonia.<sup>19</sup>

The ADS approach to improve the health status of older adults and to reduce health disparities consists of outreach to communities of color and the expansion of programs that modify risk factors associated with chronic disease, injuries, and mental health. ADS will:

- Expand research-based health promotion activities throughout the county.
- Adapt proven programs to meet the cultural as well as health needs of ethnic/minority elders.
- Heighten public awareness of health promotion essentials for older adults through a media and advertising campaign.
- Intensify outreach to new refugee groups.
- Partner with the University of Washington Northwest Prevention Effectiveness Center to test the effectiveness of community-based treatments for depression.

The ADS approach to improve the quality of life of older adults includes increasing access to cultural and lifelong enrichment activities, employment opportunities, and intergenerational projects.

### ***Grandparents Raising Grandchildren Are on The Rise***

Challenges facing grandparents raising grandchildren are coming to the attention of aging service providers. In 1997, 7% of the nation's families with children under 18 were maintained by grandparents who had one or more of their grandchildren living with them—up about 400,000 (19%) since 1990<sup>20</sup>. These grandparents face major changes in their lives and shoulder an enormous responsibility.

### ***Health Outcome: Increase quality and years of healthy life for older people.***

#### ***Objectives:***

1. To increase by 5% the number of older residents throughout Seattle and King County who improve their health status and quality of life by participating in health promotion and lifelong enrichment activities (Dec 2003).

#### **Access**

- Increase the number of County human services subregions that offer a minimum set of culturally and linguistically appropriate health promotion services.
- Increase the number of refugees who participate in health promotion activities by coordinating outreach efforts with mutual assistance associations.
- Develop resources through advocacy efforts at state and federal levels, grant writing, or allocations processes to fund services in county subregions that do not have a minimum set of health promotion services.

- Develop opportunities for access to a broad range of health promotion areas including recreational, educational, and cultural activities.

#### Transportation

- Work with King County Metro Access transportation to develop trip planning positions stationed in each county subregion to minimize trip costs and increase the number of people who have access to services.
- Reduce the time it takes to schedule a ride by working with Metro to make on-line trip scheduling available to trip planners and service participants.
- Support increased Metro funding to replicate the Des Moines/Normandy Park Senior Transportation Program.
- Advocate for Metro funding to expand volunteer transportation which includes hand-to-hand service.

#### Quality

- Implement self report measures for quality of life and health status in health promotion and nutrition services.
- Seek resources to partner with natural medicine experts to implement documented health promotion and nutrition approaches based on natural medicine.

#### Technology

- Develop a web-based map of existing health promotion services funded by Seattle Library, Seattle-King Public Health Department, Aging & Disability Services, Seattle Housing Authority, and Seattle Parks Department.
- Develop a map of existing health promotion services available in King County.
- Increase by 5% the number of family caregivers, clients, and staff who access the web-based resource sites.
- Train library, parks, health department, and housing authority staff to access information through resource web sites created by Information and Assistance, Seattle Public Access Network, and King County.
- Create links to King County Metro on-line information sources for both fixed route and ACCESS. Educate trip planners and riders to make best use of on-line trip planning tools.



### Intergenerational Initiatives

- Seek resources to establish and test the effectiveness of systems for training, mentoring, and providing technical assistance to senior and youth partners who are interested in increasing computer skills and starting Internet-based enterprises.
- Increase by up to 600 the number of senior volunteers who will be matched with youth from Seattle Public Schools for mentoring, tutoring, and arts and culture projects.
- Seek resources to support educational programs and services that address the local needs and concerns of grandparents raising grandchildren.
- Advocate with statewide task force to work on changing state laws that create barriers for grandparents raising grandchildren.

### Nutrition Initiatives

- Increase fruit and vegetable consumption among 15% of regular meal program participants.
  - Decrease food insecurity by increasing participation of seniors below 200% of poverty level in senior nutrition programs.
2. To increase by 10% the number of older people in King County who are aware of disease prevention measures which they can take to reduce depression, increase immunity to influenza and pneumonia, increase their physical activity, and prevent falls (Dec 2002).
- Participate in the Healthy Aging Partnership, a coalition of aging organizations sponsored by Public Health: Seattle-King County.
    - ⇒ Create and widely advertise a 1-888-4-ELDERS information number.
    - ⇒ Develop a senior information media and advertising campaign to educate the public regarding fall prevention, adult immunization, depression, and physical activity.
    - ⇒ Compare magnitude of response to each type of promotional campaign to gauge which approaches are most effective.

- ⇒ Disseminate information to ethnic communities via ethnic newspapers, radio, and television stations.
- Educate bilingual outreach staff who serve refugee elders about fall prevention, depression interventions, the need for immunizations, and physical activity (Dec 2001).
- 3. To increase by 5% the number of case management clients diagnosed with diabetes whose disease is under control (Dec 2003).
- 4. To test the effectiveness of problem-solving therapy in alleviating symptoms of depression with 250 older people who receive case management assistance or participate in the African American Elders program in partnership with University of Washington (Dec 2003).

## **II. Long Term Care**

### ***Long Term Care Choices Are Increasing***

Washington State is well known for the availability of community long term care options. People with functional limitations who qualify for Medicaid can choose to stay in their homes and hire personal assistants to help them with personal care needs. Their needs may also be met through adult day health care and supportive services such as home-delivered meals or personal emergency response systems. Adult family homes and assisted living are available in the community for people who are unable to stay in their own homes.

### ***Community-Based Care Keeps Expanding***

In an effort to balance the long term care system between institutional and community options, the Washington State Legislature ordered the reduction of publicly funded nursing home beds. At the same time, the numbers of community-based long-term care clients have increased. Between 1993 and 1998, the number of people in Washington State who were 75 and older increased 17%, while the nursing home population decreased by 16% (2,767 people) and the community-based care population increased by 29% (5,750 people).<sup>21</sup>

The combination of expanded care in the community (which traditionally pays low wages), and a strong economy with a high demand for workers has resulted in an acute home care worker shortage. Although legislation for an increase in home care worker wages will take effect in July of 1999, it will continue to be difficult to

attract and retain workers in the current Puget Sound economy. Creative approaches are needed to improve the quality and retention of home care workers and to improve efficiencies throughout the home care system.

***Long Term Care Outcome: To increase the quality and years of independent living for people with functional disabilities.***

***Objectives***

1. To increase by 5% the average length of time adults with functional limitations who need long term care are able to stay in their homes without the need for higher levels of care (Dec 2004).
  - Increase nurse consultation with case management clients who have the highest health risks.
  - Increase by 10% the number of home care workers serving clients in areas in which there is a shortage of workers (e.g., East King County) by developing a plan with King County METRO to fund van lease options that will enable home care agencies to transport workers to areas with high demand for service.
  - Increase by 10% the number of Hispanic people with functional limitations who access case management services. This will be accomplished by co-locating a case manager in the Latino Information and Assistance office part-time.
  - Increase by 10% the amount of funds for younger disabled case management clients to purchase goods and services not covered by Medicaid.
2. To test on a pilot basis the effectiveness of linking primary and long term care with funding and services for an enrolled group of clients.

### **III. Housing**

***Housing Affordability Is In Jeopardy***

The 1997 Washington State Legislature created a task force to determine the need for safe, decent and affordable housing for seniors and persons with disabilities. Affordable housing is defined as mortgage or rent and utilities that do not exceed 30% of the household's annual income. In 1994 the Washington State Affordable Housing Advisory Board estimated that 7.5% of senior households spend more than 30% of their income on housing. In 1994

approximately 110,000 low-income households included at least one adult member with a disability.<sup>22</sup>

The availability of affordable housing for senior and disabled households is in jeopardy. The housing crisis facing low-income seniors and people with disabilities in King County is intensifying due to a combination of:

- Increasing population of seniors and people with disabilities.
- Continuing decline of affordable housing stock.
- Lack of long-term housing subsidies.
- Growing high cost housing market due to a strong Puget Sound economy.

### ***People Aging in Place Have Increasing Need for Services***

Added to the affordable housing crisis is the need for housing plus services for people who wish to age in place. Many moved into subsidized housing units twenty years ago when they were 65. Now that they are 85 and older, they may need case management, home care, day health, meals, and other supports in order to remain in an independent unit. More housing plus service options need to be created in order to meet the need of the growing numbers of people 85 plus who have low incomes and are becoming frailer.

### ***Housing Outcome: Improve housing stability for older people and people with functional limitations.***

#### ***Objectives***

1. To secure housing with Section 8 vouchers for up to thirty younger disabled case management clients living in King County (Dec 2000).
  - Partner with nonprofit agencies to develop project-based Section 8 housing for disabled adults.
  - Partner with King County Metro to assess the physical location of potential project-based Section 8 sites.
  - Pilot test cluster care at one site for younger disabled people.
2. To increase by 5% the number of affordable housing units with services to support aging in place in one rural area that has the greatest need (Dec 2003).

- Partner with non profit developers to coordinate an affordable housing project with services.
3. To increase by 5% the average length of stay of older adults who live in subsidized housing sites prior to needing higher levels of care (Dec 2003).
    - Pilot test cluster care for multiple residents receiving home care at one site.
    - Develop building-based case management at the pilot site.
    - Pilot test the integration of Medicare and Medicaid services to eligible residents including innovative ways to support transportation services to both.
    - Carry out eviction reduction strategy to ensure that 80 percent of Seattle Housing Authority high rise and SSHP residents who receive eviction notices will retain their housing.
    - Expand wellness programs to at least six King County Housing Authority sites.
    - Advocate for continued HUD funding for subsidized units available to older adults and adults with disabilities, taking into consideration access to existing King County Metro fixed route and ACCESS programs.
  4. To secure funding to increase homesharing matches by up to 30 older adults in Seattle and up to 90 older adults in King County (Dec 2003).

#### **IV. Strategic Initiative: Family Caregivers**

The rate of growth in numbers of people requiring care is increasing at the same time as the number of available family and paid caregivers is shrinking. The availability of family caregivers in the coming decades is projected to decline due to the increase in:

- Divorce rates.
- Proportion of women who are working full time to support their families.
- Number of extended family members who may not live close to aging parents.

At the same time, economic and demographic pressures are impacting the availability of paid caregivers. Unless steps are taken

now to support families in their planning for present and future long term care needs, it will be difficult to meet future caregiving needs.

### ***Family Caregivers Provide The Bulk of Long Term Care***

Families, who provide 70% of elder care, require support and respite in order to continue their caregiving role. Increasing longevity will require greater levels of support for family caregivers who will be aging themselves. It is not uncommon to see 70-year old daughters caring for their 90-year old mothers. In addition, increased support will be needed for families who care for people with Alzheimer's disease or dementia because they are at the greatest risk of burnout.

Research studies estimate that 30 to 50% of people 85 years and older are at risk of getting dementia or Alzheimer's disease. The 85+ population in King County will grow from 24,244 in 2000 to 33,716 in 2010, a 39% increase. As a result, the need for family caregiver support becomes even more pressing in the next decade (Table 9).

**Table 9.** King County, Age 85 and Older<sup>23</sup>

	<b>Total 85+</b>	<b>Increase</b>
1995	20,105	
2000	24,244	21%
2005	28,614	18%
2010	33,716	18%
2015	35,918	2%
2020	37,703	5%

*Source: Washington State County Population Projections by Age and Sex: Office of Financial Management, 1995.*

**Family Caregiver Outcome:**    **Increase informed choices for families and people in need of long term care now or in the future.**

#### ***Objective***

To increase by 5% the number of family caregivers who receive supportive information that guides their long term care choices (Dec 2003).

- Develop report card (on line and brochure) based on state inspections of residential facilities (nursing homes, adult family homes, assisted living, etc.), complaints to the long term care ombudsman program, and performance reports for home care.

- Develop and evaluate the effectiveness of a marketing campaign to heighten family caregiver awareness of and ability to evaluate long term care options.
- Seek resources to implement training for financial, retirement, and long term care planning for older adults and caregivers.
- Increase support for family caregivers.
  - ⇒ Conduct caregiver focus group to determine caregiver needs including those who care for disabled adult children.
  - ⇒ Partner with long term care providers to develop a media campaign and offer workshops to raise caregiver awareness of options.
  - ⇒ Advocate to increase the current funds for respite services.
  - ⇒ Advocate for increased funding in the Older Americans Act for family caregiver support, counseling, and peer support.
  - ⇒ Develop and evaluate the effectiveness of peer support options

## **Estimated Budget and Service Projections**

*(See Appendix E)*



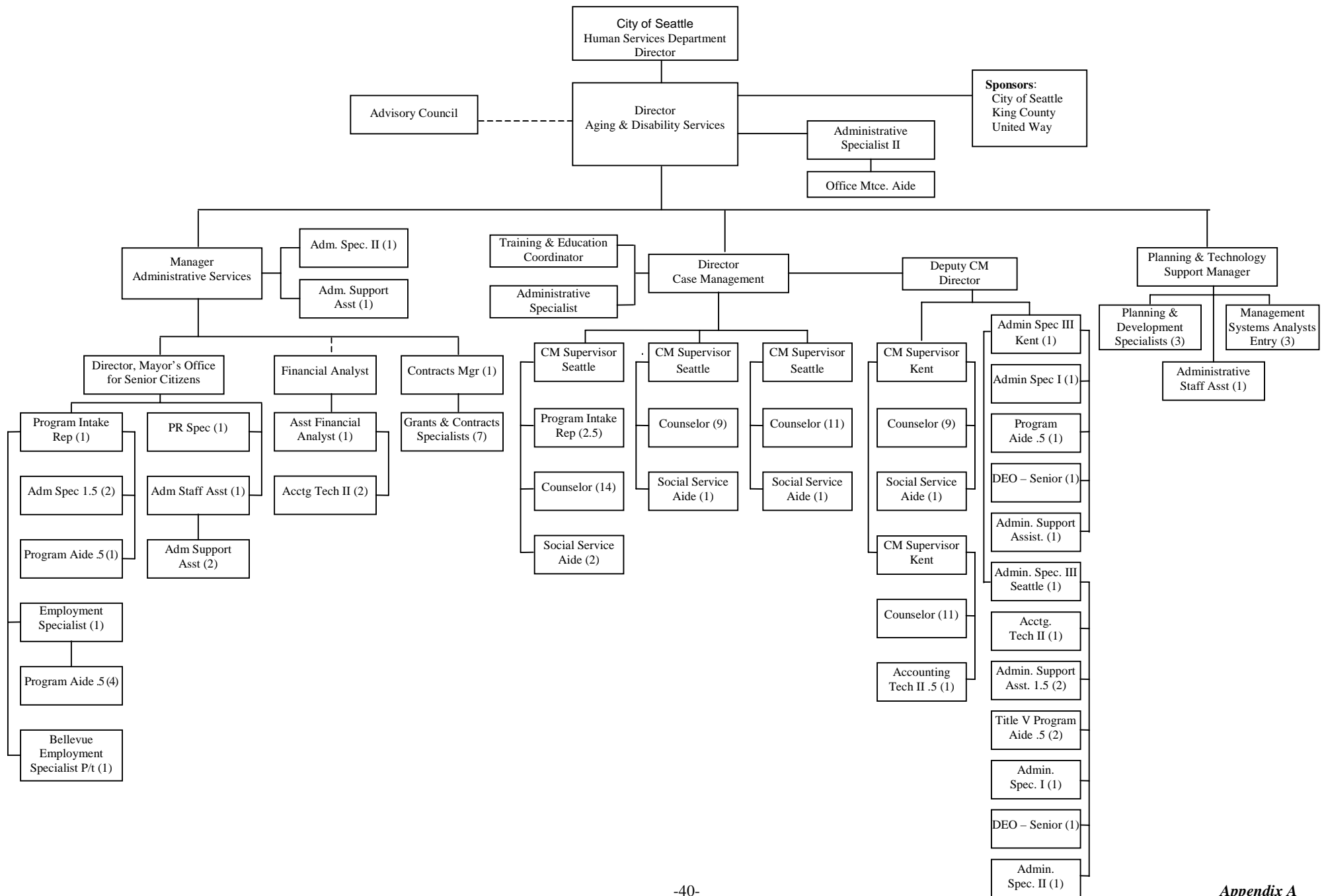
## **Estimated Budget and Service Projections Summary**

*See Appendix E*

# Appendix A

## Aging & Disability Services

### Organization Chart



## Appendix B

<b>POSITION TITLE</b>	<b>TOTAL STAFF</b> (Full Time & Part Time)	<b>POSITION DESCRIPTION</b>
<b>Planning &amp; Administration</b>		
Director	1 F/T	Directs and supervises all AAA activities.
Planning and Technology Manager	1 F/T	Oversees all planning functions and data systems.
Planning & Development Specialists	3 F/T	Conduct planning functions: Area Plan development, systems coordination, advocacy.
Administrative Staff Assistant	1 F/T	Provides staff support to the Advisory Council on Aging and Disability Services
Administrative Services Manager	1 F/T	Oversees contracted services, agency budget, administrative support, and the Mayor's Office for Senior Citizens.
Contracts and Service Development Manager	1 FTE	Oversees all contracted services.
Sr. Grants & Contracts Specialists	7 FTE (8 staff)	Conducts program & contract monitoring, negotiation, training & technical assistance to subcontractors
Administrative Specialist II	2 FTE	One serves as assistant to AAA director; word processing, contracts production, payroll.
Accounting Technician	2 FTE	Performs fiscal & budget management support.
Administrative Support Assistant	1 FTE	Provides administrative support.
Finance Analyst	1 FTE	Performs fiscal and budget management
Finance Analyst, Asst	1 FTE	Assists the Finance Analyst
Office/Maintenance Aide	1 P/T	Provides clerical support (from the Supported Employment Program)
Management Systems Analyst, Entry	3 FTE	Performs computer programming
<b>Case Management Program</b>		
Case Management Program Director	1 FTE	Directs the in-house Case Management Program, serves as disaster coordinator.
Case Management Deputy Director	1 FTE	Supervises Kent Case Management Teams & administrative support.
CM Team Supervisor	5 FTE	Each supervises a team of case managers
Case Manager	54 FTE	Provide case management services to in home clients; some provide nursing expertise services.
Administrative Specialist I	3 FTE	Provide administrative support.
Administrative Specialist II	1 FTE	Provides administrative support.
Administrative Specialist III	2 FTE	Supervise administrative support staff.
Administrative Support Assistant	3 FTE	Provide administrative support
Program Aide	1.5 FTE (3 staff)	Provide clerical support.

<b>POSITION TITLE</b>	<b>TOTAL STAFF</b> (Full Time & Part Time)	<b>POSITION DESCRIPTION</b>
Data Entry Operator, Sr.	2 FTE	Perform data entry for SSPS.
Accounting Technician II	1.5 FTE (2 staff)	Provide fiscal support.
Social Service Aide	5 P/T	Provide support to case managers
Program Intake Representative	2.5 FTE (3 staff)	Conduct client assessment & scheduling for Respite services.
Training & Education Coordinator	1 FTE	Provides and coordinates training for CM staff.
<b>Mayor's Office for Senior Citizens</b>		
Director, MOSC	1 FTE	Directs all activities of the MOSC.
Administrative Staff Assistant	1 FTE	Performs budget management, office operation, and payroll.
Employment Specialist	1.25 FTE (2 staff)	Supervise the Employment Resource Center.
Public Relations Specialist	1 FTE	Performs publicity and special event coordination.
Program Intake Representative	1 FTE	Conducts client eligibility and staff supervision in the Utility Credit Program.
Administrative Support Assistant	2 FTE	Provide front desk reception and other clerical support.
Administrative Specialist I	1 FTE (2 staff)	Provides administrative support in UCP.
Program Aide	2.5 FTE (5 staff)	Provide employment services; data support.

Total Number of full time equivalent	117.5
Total number of staff positions	128
Total number of ethnic minority staff	34
Total number of staff over age 60	11
Total number of staff indicating a disability	7

## Appendix C

The Advisory Council on Aging and Disability Services (ADS) is a 27-member citizens body mandated by the Older Americans Act of 1965. The Council has a significant role in guiding Aging and Disability Services as it administers services for older people in King County.

Sponsors of ADS and its Advisory Council are:

### City of Seattle



### King County



### United Way of King County



The Advisory Council accomplishes its work mainly through its committees and task forces:

- Health Care
- Housing
- Outreach & Legislative Advocacy
- Planning and Allocations

Listed by appointing authority are the current 23 members of the Advisory Council:

<u>City of Seattle</u>	<u>King County</u>	<u>United Way of King County</u>
Muriel Brandford	Nancy Edquist	Ellen Bhang
Willard Brown	Lee A. Gaylor	Homer Hensley
David C. Garcia	Miriam Horrigan	Alvirita W. Little
Murray Meld	Mildred Johnson	Will Parry
Greg Stack	Lam N. Phan	Marilyn Ring-Nelson
Peter Steinbrueck*	Cecil Pollard	Karen Sluiter
Kayla Weinstein		Leo Ward
John Yamada		

\* - Elected official

<i>Total Age 60 Years of Age or Over:</i>	13
<i>Total Minority:</i>	9
<i>Total Self-Indicating a Disability:</i>	1

## Appendix D

For the period of January 1, 1999 through December 31, 2003, Aging and Disability Services accepts the responsibility to administer this Area Plan in accordance with all requirements of the Older Americans Act (OAA) and related state policy. Through the Area Plan, Aging and Disability Services shall promote the development of a comprehensive and coordinated system of services to meet the needs of older and disabled individuals and serve as the advocacy and focal point for older people in the planning and service area. Aging and Disability Services assures that it will:

1. Comply with all applicable state and federal laws, regulations, policies and contract requirements relating to activities carried out under the Area Plan.
2. Conduct outreach and provide services to individuals with emphasis on:  
(a) rural elderly; (b) older individuals who have the greatest social and economic need, with particular attention to low income minority individuals;  
(c) older individuals with severe disabilities; (d) older individuals with limited English-speaking ability; and (e) older individuals with Alzheimer's disease or related disorders, and their caretakers.

All agreements with providers of OAA services shall require the provider to specify how it intends to satisfy the needs of low-income minority individuals and meet specific objectives established by Aging and Disability Services for providing services to low income minority individuals within the Planning and Service Area.

3. Coordinate services with other programs and agencies providing services to older individuals, including, but not limited to, mental health, transportation, Alzheimer's Disease, elder abuse, community action, long term care, and Title VI services to Native American populations.
4. Obtain input from the public and approval from the Area Agency on Aging (AAA) Advisory Council on the development, implementation and administration of the Area Plan through a public process, which should include, at a minimum, a public hearing prior to submission of the Area Plan to AASA. Aging and Disability Services shall publicize the hearing(s) through legal notice and through mailings, advertisements in newspapers, and other methods determined by the AAA to be most effective in informing the public, service providers, advocacy groups, etc.

<i>Date</i>	Director, Aging & Disability Services
<i>Date</i>	Advisory Council Chair
<i>Date</i>	Legal Contractor Authority Director Seattle Human Services Department
<i>Date</i>	Co-Sponsor Director, King County Department of Community & Human Services
<i>Date</i>	Co-Sponsor Vice President of Community Services United Way of King County

## Appendix E

### AREA PLAN BUDGET 2000 ESTIMATED REVENUE

#### FEDERAL FUNDS

Older Americans Act (OAA)	
Title III-B	\$ 1,722,677
Title III-C (Nutrition Programs)	1,763,061
Title III-D (In-Home Health)	59,138
Title III-F (Health Promotion)	92,689
Title V (Employment)	255,439
Title VII-C (Elder Abuse Prevention)	18,135
<b>Total OAA</b>	<b><u>\$ 3,911,139</u></b>

#### Medicaid (Title XIX)

Title XIX (Day Health Admin)	\$ 11,200
Personal Care, COPES, Case Management & Nurse Services	19,806,920
Title XIX Admin. Claiming	534,159
<b>Total Medicaid</b>	<b><u>\$20,352,279</u></b>

#### Other Federal Resources

Chore	\$ 620,967
USDA	388,400
Alzheimer's Disease Demonstration Program Contract	61,000
NTIA	133,925
University of Washington	104,538
<b>Total Other Federal</b>	<b><u>\$ 1,308,830</u></b>

**TOTAL FEDERAL FUNDS** **\$25,572,248**

#### STATE FUNDS

Senior Citizens Services Act	\$ 2,374,190
Respite	770,713
<b>Total State Funds</b>	<b><u>\$ 3,144,903</u></b>

#### LOCAL FUNDS

City of Bellevue	\$ 6,426
King County Current Expense	78,722
<b>Total County Funds</b>	<b><u>\$ 85,148</u></b>

#### City of Seattle

General/Human Services	\$ 1,549,387
Community Development	
Block Grant	382,628
Combined Utilities	526,039
<b>Total City Funds</b>	<b><u>\$ 2,458,054</u></b>

#### Other

Contributions, fees, donations	\$ 1,003,403
Bequest/Emergency Fund	96,000
Seattle Housing Authority	192,470
<b>Total Other Funds</b>	<b><u>\$ 1,291,873</u></b>

**TOTAL LOCAL FUNDS** **\$ 6,979,978**

**GRAND TOTAL: \$32,552,226**

- Note:** (1) **Non-Discretionary** funding is earmarked for specific services such as Medicaid Title XIX, United States Department of Agriculture, and Respite Care.
- (2) **Discretionary** funding is flexible funding in nature and can be directed to meet priority needs in King County (OAA III-B, Senior Citizens Services Act, Human Services Program, and Community Development Block Grant.)



## Aging & Disability Services 1999 – 2000 Allocations

**Note:** The projected units of service reflect services planned for the year with the available funds; demand for service is generally higher than the numbers shown.

Service Area	Allocation 1999	Proposed 2000	
Adult Day Services			
Discretionary	255,228	255,228	Two day care contracts have changed to outcome funding format and no longer report units of service. Instead, the outcome will be for 18 of 32 individuals whose health status will be maintained/ improved. Four day health contracts will continue to report client days.
Non-Discr. Funding	44,569	32,333	
Total Div. Funding	299,797	287,561	
Units of Service: Clients Days	6,638	4,824	
Clients Served	100	100	
Client Specific Funding Project			
Discretionary \$	314,660	306,483	This program establishes a flexible fund to pay for services based on individual client need, and authorized by a case manager. Funding is proposed to be reduced by \$8,177 in 2000, serving approximately 111 clients.
Non-Discr. Funding		0	
Total Div. Funding	314,660	306,483	
Units of Service:			
Clients Served	114	111	
Case Management			
Discretionary \$	1,154,481	1,160,500	The increase in discretionary funds includes a 2% increase in Community Development Block Grant (CDBG). The increase in non-discretionary funds includes an increase in Medicaid Title 19 for lowering of the case manager to client ratio to 1:85, the new University of Washington PEARLS project, and the discontinuation of the HOPE for the Elderly project.
Non-Discr. Funding	4,458,160	5,421,444	
Total Div. Funding	5,612,641	6,581,944	
Units of Service:			
Clients Served	7,560	7,700	
Health Pro./Disease Prev. Projects			
Discretionary \$	122,853	122,853	Funding will maintain for 20 health promotion sites created in 1997-98 through the Innovations Program funding.
Non-Discr. Funding	22,762	24,563	
Total Div. Funding	145,615	147,416	
Clients Served	1,600	1,600	

Service Area	Allocation 1999	Proposed 2000	
<b>Information &amp; Assist. - Primary</b>			
Discretionary \$	494,890	494,890	
Non-Discr. Funding	83,600	63,000	
Total Div. Funding	578,490	557,890	
Units of Service: Assistance Cases	6,306	6,325	
Clients Served	5,728	5,730	
<b>Information &amp; Assist.-Special</b>			
Discretionary \$	664,591	622,356	The Discretionary amount for year 2000 reflects the move of the Eastside Chinese Elderly program to Outreach Advocacy Area.
Non-Discr. Funding	107,910	205,020	
Total Div. Funding	772,501	827,376	
Units of Service: Client Month	12,185	12,225	
Clients Served	3,328	2,830	
<b>Naturalization</b>			
Discretionary \$	37,270	0	The year 1999 marked the final year for Discretionary funding, and the federal grant. There is a slight possibility that some state funds earmarked for refugee assistance would be available in 2000.
Non-Discr. Funding	76,000		
Total Div. Funding	113,270	0	
Units of Service: Hours of operation	1,820	0	
Clients Served			
<b>In-Home Health</b>			
Discretionary \$	56,650	56,650	The decrease in service units is due to phase-out of nurse visits. As the In-Home Health service area continues to be phased out, the Discretionary allocation is expected to be changed in the next allocation process.
Non-Discr. Funding		0	
Total Div. Funding	56,650	56,650	
Units of Service: Aide Hours	2,175	1,620	
Units of Service: Nurse Visits	21	5	
Clients Served	15	12	

Service Area	Allocation 1999	Proposed 2000	
<b>Legal Services</b>			
Discretionary \$	173,063	173,063	
Non-Discr. Funding		0	
Total Div. Funding	173,063	173,063	
Units of Service: Hours	3,191	3,191	
Clients Served	450	450	
<b>LTCOP/Elder Abuse Prev.</b>			
Discretionary \$	52,682	52,682	
Non-Discr. Funding		0	
Total Div. Funding	52,682	52,682	
Units of Service: Hrs Ombudsman serv	10,053	10,756	
Complaints/resolutions	1,000	1,300	
Gatekeeper training	37	37	
<b>Mental Health</b>			
Discretionary \$	80,500	80,500	
Non-Discr. Funding		0	
Total Div. Funding	80,500	80,500	
Units of Service: Hrs of Psychiatric Srv	195	195	
Intensive Case Monitoring Months	360	360	
Clients Served	108	160	
<b>Nutrition - Congregate</b>			
Discretionary \$	1,437,827	1,437,827	
Non-Discr. Funding	836,801	725,306	
Total Div. Funding	2,274,628	2,163,133	
Units of Service: Meals	475,000	370,146	
R.D. hours for ethnic meal analysis	2,080	2,080	
Clients Served	11,770	8,616	
Additional African American/Hispanic	750	750	
The drop in meals and clients served in 2000 from 1999 is due to an over estimation in the 1999 projections.			

Service Area	Allocation 1999	Proposed 2000	
<b>Nutrition-Home Delivered</b>			
Discretionary \$	463,235	463,235	
Non-Discr. Funding	641,939	614,385	
Total Div. Funding	1,105,174	1,077,620	
Units of Service: Meals	367,000	400,868	
Clients Served	3,076	2,965	
<b>Outreach Advocacy</b>			
Discretionary \$	176,556	218,791	
Non-Discr. Funding	78,000	78,000	
Total Div. Funding	254,556	296,791	
Units of Service: Client Service Month	1,200	1,200	
Clients Served	650	650	
<b>Transportation-Nutrition</b>			
Discretionary \$	225,500	225,500	The 2000 figure in units of service include van trips provided through nutrition service providers which were under projected in 1999. The number of clients served in 1999 was over-projected.
Non-Discr. Funding	27,086	38,770	
Total Div. Funding	252,586	264,270	
Units of Service: One-way Trip	8,000	18,359	
Clients Served	800	417	
<b>Transportation-Volunteer</b>			
Discretionary \$	169,324	169,324	
Non-Discr. Funding		0	
Total Div. Funding	169,324	169,324	
Units of Service: One-way trip	23,403	23,550	
Clients Served	2,584	2,290	

Service Area	Allocation 1999	Proposed 2000	
<b>SSBG Chore PersonalCare</b>			
Discretionary \$		0	The year 2000 budget amount includes Basic Health Plan, training cost and training wages. The actual 1999 amount is expected to be lower than the allocation level. This program is in a phase-down mode.
Non-Discr. Funding	718,398	542,858	
Total Div. Funding	718,398	542,858	
Units of Service: Hours of home care	58,515	39,126	
Clients Served	369	247	
<b>Agency COPES &amp; Medicaid PersonalCare</b>			
Discretionary \$		0	Includes Basic Health Plan, training cost and training wages. An increase in 2000 is anticipated.
Non-Discr. Funding	13,538,452	14,488,087	
Total Div. Funding	13,538,452	14,488,087	
Units of Services	957,523	1,103,266	
Clients Served Per Month	2,919	3,364	
<b>State Respite Care</b>			
Discretionary \$		0	The 1999 figure of non-discretionary funding was over-stated. In 2000 there will be no decrease from the 1999 level.
Non-Discr. Funding	598,554	547,789	
Total Div. Funding	598,554	547,789	
Units of Service: hours of respite	32,000	32,000	
Units of Service: Assessment	285	285	
Clients Served	360	360	
<b>Alzheimer's Disease Demonstration Program</b>			
Discretionary \$	35,000	35,000	The year 2000 figure for non-discretionary funds includes a higher in-kind match.
Non-Discr. Funding	50,020	67,090	
Total Div. Funding	85,020	102,090	
Units of Service: hours of respite	550	550	
Units of Service: Assessment	20	20	
Clients Served	40	40	

Service Area	Allocation 1999	Proposed 2000	
<b>Senior Centers</b>			
Discretionary \$	385,622	385,622	Includes the SPICE Program serving six sites.
Non-Discr. Funding		14,727	
Total Div. Funding	385,622	400,349	
Units of Service: hours of operation	18,000	18,000	
Clients Served	7,000	7,000	
<b>Homesharing</b>			
Discretionary \$	64,363	65,650	This program receives an additional one-time only local funds in the amount of \$54,000 for 1999/2000, not shown here. The discretionary amount in 2000 reflects a 2% increase in Community Development Block Grant.
Non-Discr. Funding		0	
Total Div. Funding	64,363	65,650	
Units of Service: Matches	65	65	
Clients Served			
<b>Senior Employment</b>			
Discretionary \$		0	The 2000 amount reflects a reduction in Title V funds.
Non-Discr. Funding	406,329	370,644	
Total Div. Funding	406,329	370,644	
Units of Service: Title V hours worked	40,040	40,040	
Clients Served	443	436	
Clients Placed	1,160	1,153	
<b>Seniors in Services</b>			
Discretionary \$		0	Seniors in Services is a new program that links older adults with volunteer opportunities in schools, youth programs, neighborhood community centers and other city facilities.
Non-Discr. Funding	9,000	5,000	
Total Div. Funding	9,000	5,000	
Clients Placed	45	25	

Service Area	Allocation 1999	Proposed 2000	
<b>Disability Access</b>			
Discretionary \$		118,891	This service has been transferred to the Aging & Disability Services Division from the Community Services Division in the Human Services Department. Services include disability access enhancement, sign language interpretation services, advocacy and community education.
Non-Discr. Funding		0	
Total Div. Funding	0	118,891	
Clients Served		200	
<b>Technology Support</b>			
Discretionary \$	80,000	60,000	The non-discretionary funds include a federal grant for innovative interactive technologies to improve efficiency and quality of home care services provided to low income older people and adults with disabilities in King County.
Non-Discr. Funding		134,563	
Total Div. Funding	80,000	194,563	
<b>Utility Discount Programs</b>			
Discretionary \$		0	The funding figure for year 2000 reflects the move of some administrative funds from Planning and Administration.
Non-Discr. Funding	482,322	541,639	
Total Div. Funding	482,322	541,639	
Units of Service:	11,500	11,500	
Clients Served	11,500	11,500	
<b>Coordination</b>			
Discretionary \$	250,000	300,000	
Non-Discr. Funding	147,568	163,566	
Total Div. Funding	397,568	463,566	
<b>Planning &amp; Admin</b>			
Discretionary \$	550,432	569,001	The 1999 figures were over-stated.
Non-Discr. Funding	992,456	762,611	
Total Div. Funding	1,542,888	1,331,612	

Service Area	Allocation 1999	Proposed 2000
<b>Grantee's Central Services</b>		
Discretionary \$	227,412	214,876
Non-Discr. Funding	168,615	133,909
Total Div. Funding	396,027	348,785
<b>Unobligated</b>		
Discretionary \$	4,490	0
Non-Discr. Funding		0
Total Div. Funding	4,490	0
Total Discretionary	7,476,629	7,588,922
Total Non - Discretionary	23,488,541	24,975,304
<b>Grand Total</b>	<b>30,965,170</b>	<b>32,564,226</b>

Note: The 1999/2000 Discretionary category includes City of Seattle Community Development/Human Services Program funds which were included under Non-Discretionary category in 1998.



## Appendix F

### 1999 INCOME GUIDELINES Gross Annual Income By Family Size

	FAMILY SIZE							
	1	2	3	4	5	6	7	8
<b><u>Very Low</u></b>								
- 100% Federal Poverty	8,240	11,060	13,880	16,700	19,520	22,340	25,160	27,980
- 125% Federal Poverty	10,300	13,830	17,350	20,880	24,380	27,930	31,450	34,980
- 30% HUD PMSA	13,150	15,000	16,900	18,880	20,300	21,800	23,300	24,800
<b><u>Low</u></b>								
- 100% Federal Poverty	21,900	25,050	28,150	31,300	33,800	36,300	38,800	41,300
<b><u>Moderate</u></b>								
- 70% State Median	19,348	25,301	31,254	37,207	43,160	49,113	55,066	61,019
- 80% HUD PMSA	33,450	38,250	43,000	47,800	51,600	55,450	59,250	63,100

## Appendix G

Comments received regarding the Area Plan 2000-2003 are summarized below. Highlighted also are changes made to the plan as a result of the comments.

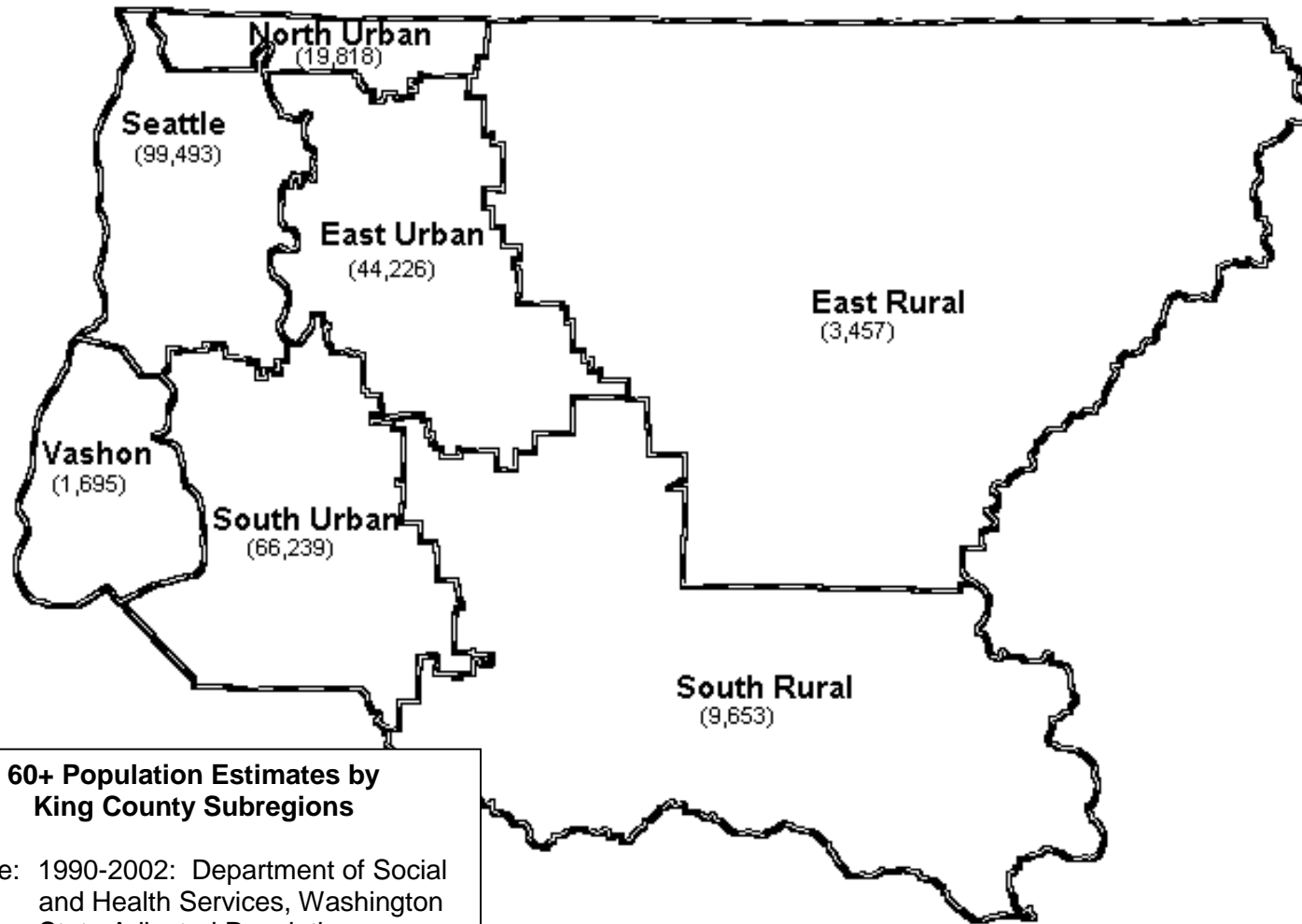
	YES/Page	NO	Comments and Rationale
<b>DEMOGRAPHICS</b>	13		1. The Area Plan should note that census figures greatly underestimate actual numbers of Hispanic elders in King County.
	11		2. The Area Plan should provide a breakdown of demographics by King County subregions, including rural areas.
	12		3. The Area Plan should discuss the increase in agencies (particularly senior centers) need to plan activities for clients ranging in age from 55 to 101 years of age.
	27		4. ADS should identify older people who are disproportionately chronically ill due to poverty, poor nutrition, etc.
		X	5. Projections in the plan should consistently include the year 2020 instead of jumping straight to 2050.  <b>Response:</b> Study cited in plan only gives two data points, 1995 and 2050.
	14		6. The Area Plan should show the number of persons below poverty level by age.
		X	7. The Area Plan should show demographic profile of caregivers.  <b>Rationale:</b> Caregiver profile data was not readily available. It will be included in the next Area Plan update.
	12		8. The Area Plan should include male and female break down in the demographics section
		X	9. The demographics section should include a break down of Caucasians to reflect the diversity that exists within that group, (e.g. Russians, East Europeans, and other immigrant and refugee populations)  <b>Rationale:</b> Census information by race, by age is available and is reflected in the Plan. This information is not available by individual ethnic groups. Estimates can be made however, by combining statistics from a variety of resources, and ADS will work to have more information.

	YES/Page	NO	Comments and Rationale
HEALTH	X		10. In defining and developing a minimum set of culturally and linguistically appropriate health promotional services, bicultural and bilingual agency representatives should be invited to collaborate with ADS in developing guidelines and standards.
		X	11. When developing strategies to reduce health disparities for elders of color, ADS should include both immigrants and refugee elders as priority target groups.  <b>Rationale:</b> The ADS commitment to serving limited English speaking communities in general including both refugee and immigrant groups is noted in the ADS Targeting Policies on p. 3 of the Area Plan. In addition, ADS has been awarded a grant from the Office of Refugee and Immigrant Assistance to target refugee groups in particular in the area of health promotion.
		X	12. ADS should develop intergenerational program options available to Asian/Pacific Islanders. Recommended program options include: an oral history project, or a program where elder instructors teach youth about traditional Asian arts and crafts.  <b>Rationale:</b> ADS does not have resources to fund programs recommended above. However, ADS will work with Generations United and other organizations to increase visibility of the benefits of intergenerational activities through developing a conference or through other means.
	30		13. In discussing risk factors, the Area Plan should highlight nutrition and prevention efforts. Senior Services agreed to help with drafting language for an objective.
	28		14. During the next legislative session, ADS should focus advocacy on the need for preventive services in the community.
CAREGIVER SUPPORT	35		15. The Area Plan should address the needs of caregivers (for example: burnout, financial issues, etc.)
	35		16. The plan should discuss issues regarding older adults who are caregivers for disabled adult children.
	X		17. ADS should pursue partnerships with King County regarding adults with disabilities.
		X	18. ADS should increase resources so that more hours could be provided for working families who utilize Adult Day programs.  <b>Rationale:</b> Increasing Medicaid resources for adult day services is outside the purview of ADS. ADS encourages the Adult Day Association to advocate with the state regarding this issue.
		X	19. The Area Plan should address how DSHS pays family caregivers and discrepancies in the way the rules are applied with regard to paid vs. unpaid caregiving.  <b>Rationale:</b> This issue is currently being addressed.

	YES/Page	NO	Comments and Rationale
HOME CARE	23		20. The Home Care Quality section in the plan should include a discussion about the need for increased wages for home care workers.
	23		21. ADS should develop a package of “perks” (for example: medical benefits, child care, transportation, support groups, recognition awards, etc.) in order to attract more home care workers.
TECHNOLOGY		X	22. ADS should conduct a survey to determine how many older adults own computers.  <b>Rationale:</b> ADS will research market surveys that measure computer ownership.
		X	23. ADS should provide technology equipment and training for homebound elders, to increase access to services provided through the Internet.  <b>Rationale:</b> ADS does not have the resources to put technology into the homes of homebound elders, although this is something that could be pursued in the future given grant funding availability.
		X	24. ADS should use an intergenerational model to provide computer training for homebound elders.  <b>Rationale:</b> ADS does not have the resources to develop an intergenerational model for providing computer training to homebound elders, although this is something that could be pursued in the future given grant funding availability.
		X	25. The proposed \$20,000 reduction in technology funding will impact provider agency ability to work smarter and more efficiently which translates into serving more clients. The tech grants to date have made a big difference in agency efficiencies and effectiveness.  <b>Response:</b> The Advisory Council Planning and Allocation Committee’s recommendation for funding reductions to technology totaled \$20,000. The committee felt that cuts to this area would result in the least amount of direct impact to clients.
TRANSPORTATION		X	26. ADS should take a closer look at the proposed changes to the ACCESS program and how it will adversely impact rural areas.  <b>Rationale:</b> The ADS Advisory Council is researching the proposed ACCESS changes and will advocate for minimizing adverse impact in rural areas.
	29		27. ADS should support increased Metro funding to replicate the Des Moines/Normandy Park Senior Transportation Program which has been a big success.
	29		28. ADS should advocate for hand-to-hand transportation services and assistance especially for people with dementia.

	YES/Page	NO	Comments and Rationale
HOUSING	34		29. ADS should advocate for increased funding for the Homesharing for Seniors program.
		X	30. The Area Plan should include data regarding housing availability by King County subregions. <b>Rationale:</b> Links to housing data contained in Consolidated Plans will be included In the online version of the Area Plan located at <a href="http://www.ci.seattle.wa.us">http://www.ci.seattle.wa.us</a> .
		X	31. The Area Plan should discuss services available within subsidized housing for older people and disabled adults. <b>Rationale:</b> Links to housing data contained in Consolidated Plans will be included In the online version of the Area Plan located at <a href="http://www.ci.seattle.wa.us">http://www.ci.seattle.wa.us</a> .
		X	32. The housing section should include a discussion of factors that make housing non-affordable. <b>Rationale:</b> Links to housing data contained in Consolidated Plans will be included In the online version of the Area Plan located at <a href="http://www.ci.seattle.wa.us/hsd/1001/default.htm">http://www.ci.seattle.wa.us/hsd/1001/default.htm</a>
		X	33. ADS should examine the quality of care provided by Adult Family Home providers. <b>Rationale:</b> It is the State's role to monitor the quality of Adult Family Home Care. In addition, ADS funds the Long Term Care Ombudsman who investigates complaints from residents for all long term care facilities including Adult Family Homes.
BUDGET		X	34. ADS should anticipate budget impacts if Initiative 695 passes. <b>Rationale:</b> ADS and its Advisory Council will address this issue as needed in late 1999.
ACCESS		X	35. ADS should provide assistance for upper income older adults who may also need assistance when a crisis or emergencies arise. <b>Rationale:</b> Services funded through the Older Americans Act such as nutrition, senior information and assistance, some case management are not means tested and are open to anyone who is 60 years or older.
	28		36. ADS should increase funding for outreach services to Hispanic elders.
	20		37. The Area Plan should highlight outreach activities to frail, isolated and hard to reach older adults.
	29		38. ADS should work with ethnic newspapers, radio and television stations to disseminate service information to elders of color.

## Appendix H



### 60+ Population Estimates by King County Subregions

Source: 1990-2002: Department of Social  
and Health Services, Washington  
State Adjusted Population  
Estimates, April 1999.

## **Appendix I**

### **GUIDELINES FROM SPONSORS TO PLANNING & ALLOCATION COMMITTEE FOR THE 1999 ALLOCATIONS PROCESS**

**In developing recommendations for funding, the Planning and Allocations Committee will:**

- ◆ Give consideration to service areas currently funded by Aging and Disability Services (ADS) discretionary funds, by being alert to new and/or emerging needs.
- ◆ Make distinctions between those services considered the primary responsibility of the ADS to fund, versus those that are primarily funded through other federal, State or County sources.
- ◆ Coordinate with other funding sources in addressing community needs.
- ◆ Take into account service area performance in meeting targeting standards, service delivery objectives, and geographic distribution.
- ◆ Maintain programs and funding for targeting to special populations (i.e. disabled, low-income, and people of color) as a priority.
- ◆ Include a recommendation for a contingency fund.
- ◆ Develop an unfunded priority list as part of the Committee's recommendations.
- ◆ Include a minimum of 11% of total Title III-B funding for the provision of legal services to the elderly.
- ◆ Follow the policy initiated in 1990 for phasing out discretionary funding to support the in-home health care service area.
- ◆

## Appendix J

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- <sup>1</sup> Friedland, Robert B., Summer, Laura. National Academy on an Aging Society, *Demography Is Not Destiny*, January 1999.
- <sup>2</sup> Seattle-King County Department of Public Health, *Living Longer Staying Healthy: The Health Status of Older Adults in King County*, January 1995.
- <sup>3</sup> *Demography Is Not Destiny*, 1999.
- <sup>4</sup> *Demography Is Not Destiny*, 1999.
- <sup>5</sup> Manton, K., Corder, L., & Stallard, E., *Chronic Disability Trends in Elderly in the United States*. The National Academy of Sciences of the USA, 94, 1997, 2593-2598.
- <sup>6</sup> Freedman, Vicki A. & Martin, Linda, G. Understanding Trends in Functional Limitations Among Older Americans, *American Journal of Public Health*, Vol. 8, No. 10, October 1998, pp. 1457-1462.
- <sup>7</sup> Dejong, G. Independent Living: From Social Movement to Analytic Paradigm, *Archives of Physical Medicine and Rehabilitation*, 1987.
- <sup>8</sup> [Healthy People 2010 Objectives: Draft for Public Comment](#), U.S. Department of Health and Human Services, Office of Public Health and Science, 1988.
- <sup>9</sup> 1990 U.S. Census.
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